

Spencer County Health Department
200 Main Street, Room 2
Rockport, IN 47635
Telephone: 812-649-4441
Fax: 812-649-2928

Application for Mobile Food Unit License 201__

Mobile Unit Name: _____

Name of Owner (s): _____

Address of Owner:

Street: _____

City/State/Zip: _____

Phone Number of Owner: (____) _____

Fax #: _____

Certified Food Handler: _____ Date of Certification: _____

Certified Food Handler: _____ Date of Certification: _____

Name of Food Handler Course taken: _____

List **all Events** that you plan to attend in Spencer County

Menu

Date of Application: _____

Signature of Applicant: _____

FEE: \$50.00 Application and fee **must be submitted TWO WEEKS PRIOR** to the event.
After July 1st Fee: \$25.00

NOTE: If the license is to be *returned by mail*, PLEASE ENCLOSE A STAMPED, SELF
ADDRESSED ENVELOPE along with your check for the correct amount made payable to the
SPENCER COUNTY HEALTH DEPARTMENT.